



# INSIGHTS

The Newsletter of the  
**OSTOMY ASSOCIATION  
OF SOUTHERN NEW JERSEY**

[www.ostomysnj.org](http://www.ostomysnj.org)

SERVING OSTOMATES IN SOUTH JERSEY SINCE 1977

January 2015

## **WELCOME!**

The **Ostomy Association of Southern New Jersey (OASNJ)** is dedicated to providing information, advocacy and peer support to our members, their family and caregivers, and to the area's intestinal and urinary diversion community at large.

We meet regularly to share experiences, provide mutual support and learn about the latest products and information for colostomy, ileostomy, urostomy and continent diversions.

Meetings are held at the **Virtua-Memorial Hospital Burlington County**, located at 175 Madison Avenue, Mt. Holly, NJ 08060 in the 1st floor Conference Center. We meet on the **3rd Monday of each month with the exception of July and August**. The June meeting is traditionally held in an area restaurant. Meetings begin at **7:00 pm and adjourn by 9:00 pm**. Families and friends of ostomy patients are always welcome to attend. There is no fee to attend and refreshments are served.

For more information about the **OASNJ**, contact us at 609-315-8115 or visit our website at [www.ostomysnj.org](http://www.ostomysnj.org)

### **AFFILIATION:**

**OASNJ** is an affiliate of UOAA, the **United Ostomy Associations of America**. It has IRS 501(c)(3) Charity Status and 360 affiliates nationwide. Contact UOAA at **800-826-0826** or [www.ostomy.org](http://www.ostomy.org). For more info sign on to [Twitter.com/UOAA](https://twitter.com/UOAA) or [Facebook.com/UOAAinc](https://facebook.com/UOAAinc).

## **SCHEDULE**

### **HAPPY NEW YEAR**

**JANUARY 19th, 2015:** All are invited to participate in our "round table" discussion of living with an ostomy ... Learn how it has impacted other's lives!

**FEBRUARY 16th:** Because of the possibility of snow cancelling our meeting, we will again have a round table discussion with our WOCNurses to answer your questions.

**MARCH 16th:** Since March is **Colon Cancer Awareness Month** our program will center around this subject.

### **OASNJ Satellite Support Group**

**Where:** Virtua Health Wellness Center, 401 Young Avenue, Moorestown, NJ

**When:** The 1st Wednesday of the month, from **Noon to 2:00 PM ... Next meeting January 7th**

**Contact:** Lois Moskowitz, 609-707-4368 or e-mail: [Strongcoffee1@verizon.net](mailto:Strongcoffee1@verizon.net) for details.

**Attention Gloucester County Ostomates** and anyone else that is interested! The Woodbury Ostomy Support Group meets the 3rd Wednesday of each month at the Inspira Medical Center Woodbury (Underwood Hospital's new name), Medical Arts Building, Suite #14 **Next meeting January 21st at 6:00pm** contact Terry Simpson at [tallterry2003@aol.com](mailto:tallterry2003@aol.com) for details.

**VISITING PROGRAM ... Please Note ... We Have a New "Help Line" Tel # ... 856-983-1433**

If you, or someone you know is in need of a trained visitor, call **Sandy Ritter** at **856-983-1433** to arrange for an in-person or telephone visit with a trained member of our group who has experience living with an ostomy.

*Production and distribution of INSIGHTS newsletter is made possible thanks to the generosity of the:*

**AMERICAN CANCER SOCIETY.**

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**DISCLAIMER :** No suggestions made, or any products named in any article or advertisement in this newsletter, at our meetings or recommended by a member of our organization is to be considered as an endorsement by the Ostomy Association of Southern New Jersey or the United Ostomy Associations of America, Inc.. Always consult your doctor and/or WOCNurse before using any products of ostomy management procedures published in this newsletter.

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New Hope Laboratories ... (800) 899-5017  
Ostaway x-Bag ..... (800) 774-6097  
Ostomy Secrets ..... (800) 518-8515  
Torbot ..... (800) 545-4254

### • WOUND, OSTOMY and CONTINENCE NURSES SOCIETY ... [www.wocn.org](http://www.wocn.org)

#### Area WOCNurses:

Arlene Peahota (856) 764-6634  
Kathy Pflieger (856) 845-0100 x 3725

Diane Wagner (215) 707-3092  
Gillian Reeve (856) 566-2059

Nancy Fonte, WOCN ... (609)-484-7300 ext 185 ... [Nancy.Fonte@atlanticare.org](mailto:Nancy.Fonte@atlanticare.org)

**Ostomy Support Group meets 2nd Wed of each month at 4:00 PM at the Atlanticare Center,  
2500 English Creek Avenue, Bldg 400, Egg Harbor Township, NJ**

### • WHEN TO CALL A DOCTOR OR WOC NURSE

1. If cramps last more than two or three hours.
2. If you get a deep cut in your stoma or bleeding at the juncture of the skin and stoma.
3. If you have excessive bleeding from the stoma opening or a moderate amount in the pouch after several emptying.
4. If you have a strong odor lasting more than a week.
5. If you have severe skin irritation or deep ulcers.
6. If you have severe watery discharge lasting more than five or six hours.
7. If you have an unusual change in the size or appearance of your stoma.

# Ostomy Procedures that Can Backfire

UOAA Update November 2014

There are times when we think we are doing the right thing, but get ourselves into trouble. Here are some instances to think about:

- **Alcohol:** Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.
- **Clamp Usage:** Wrapping the drainable pouch tail around and around the clamp before closing it. This will not make the clamp work any better. All it will do is spring the clamp out of shape, which will ensure that the clamp won't work for future application, it will make releasing excess gas more difficult, and it could cause the clamp to fall off spilling the pouch contents.
- **Releasing Gas:** Burping your appliance, or snapping the pouch off the face plate to expel gas doesn't do much for odor control! It's much better holding the tail of the pouch above the pouch and with a tissue in hand that has been treated with deodorant, open the clamp and allow the gas to dissipate out through the tissue. Then use the tissue to clean out the end of the pouch and replace the clamp.
- **Normal Wear Time:** You should not wear your appliance until it leaks. The object is to change the appliance before leakage occurs. This way, the skin gets the best protection and care. Three to five days is normal wear time. Some people report seven days, but manufacturers feel that this may be pushing their products to their limits.
- **Washing Pouches:** Washing pouches and using the same pouch for months will eventually saturate the plastic of the pouch with fecal or urine odor and no amount of washing will get rid of it. It is recommended that you throw the pouches away when you throw the face plate away. If, in emergency, you have to rinse your pouch, always use cold water since hot water will open the pores in the pouch material and allow odor to penetrate.
- **Experimenting With Appliances:** Although it's fine to experiment with new appliances, especially if you're unhappy with your usual equipment, you'll generally get the best service from the equipment you have the most experience with. If you feel a need to change, contact a manufacturer using the toll free telephone number shown on page 2 of this newsletter and request a sample.
- **Ignoring Skin Problems:** All skin problems are easier to manage if they are treated early.
- **A Full Pouch:** Letting your pouch get full before emptying it can separate a two-piece system. Try to empty your pouch when it's one-third to one-half full.
- **Seat Belts:** A well-placed and adjusted seat belt shouldn't interfere with stoma function or damage your stoma. True, in an accident your stoma may be damaged, but it's a lot easier to repair a stoma than a crushed skull.

**Wound Ostomy Continence Nurse:** It's not a good idea to try to live with a condition you can't correct yourself. When in doubt, contact your local Wound Ostomy Continence Nurse (WOCN) or your doctor. (Telephone numbers for local WOCNurses can be found in this newsletter)



# Complications of Ulcerative Colitis

*From Everyday Health ... By Heidi Tyline King | Medically reviewed by Cynthia Haines, MD*

Ulcerative Colitis leads to inflammation and sores, called ulcers, in the lining of the large intestine and the rectum. Some scientists believe ulcerative colitis, an inflammatory bowel disease, is an autoimmune disorder — a condition that occurs when the immune system reacts inappropriately by attacking healthy tissue in the body.

In addition to causing symptoms similar to Crohn's Disease, diverticular disease, and cancer, ulcerative colitis can trigger complications in other parts of the body, and some are even potentially life threatening.

## Ulcerative Colitis: Complications

**General.** Loss of appetite, fever, and weight loss are all warning signs that suggest problems in the digestive system. Yet other related complications occurring outside the intestines often overshadow symptoms in the bowels, making it tricky to diagnose ulcerative colitis. This is especially true in children. The following are some conditions that have been linked to ulcerative colitis, for different reasons:

**Arthritis.** Arthritis, or inflammation of the joints, is the most common complication of ulcerative colitis found outside the bowels. It affects about 25 percent of those with the disease, including both young and elderly patients. The severity of arthritis ranges from peripheral — mild joint pain and swelling with a decrease in flexibility — to ankylosing spondylitis, a debilitating form of arthritis characterized by a dramatic loss of flexibility in the lower back. Range of motion exercises and anti-inflammatory drugs can alleviate this condition.

**Skin disorders.** About 5 percent of people with inflammatory bowel disease experience some type of skin disorder. Canker sores in the mouth; skin tags; tender red bumps on the shins, ankles, and arms; and lesions that evolve into deep, chronic ulcers are among those commonly associated with ulcerative colitis. Treatment includes antibiotics, ointments, warm baths, and surgery.

**Eye disorders.** Uveitis, a type of inflammation in the pigmented part of the eye, is a complication of ulcerative colitis that can progress into glaucoma and vision loss if left untreated. Dryness and tenderness of the eyes are also problems that are common among people with colitis. Vitamin A supplements and eye drops are generally prescribed to treat these complications, while effective management of ulcerative colitis helps to reduce inflammation in the eyes.

**Bone loss.** Osteoporosis (bone loss) and osteopenia (low bone density) are ulcerative colitis complications that can occur for a variety of reasons: as a result of inflammation in the body, as a side effect of certain medications used in treatment (particularly steroids), or because of vitamin deficiencies. Lifestyle measures, including regular weight-bearing exercise and calcium and vitamin D supplementation, can help prevent and treat this condition, as can prescription medication that boosts bone strength and density. Working with your doctor to customize your ulcerative colitis treatment plan can also help protect your bones; for example, lower doses of steroids might make sense for you.

**Liver disease.** Mild liver problems such as gallstones, scarring in the bile ducts (primary sclerosing cholangitis), pancreatitis, and fatty liver disease, also known as hepatic steatosis, are also associated with ulcerative colitis. Medication and surgery are the most effective treatments for these complications.



# 10 Myths and Facts About Water

From *Everyday Health* By Wyatt Myers | Medically reviewed by Niva Jones MD, MPH

## 1. Everyone needs to drink eight glasses of water a day.

**Myth.** Though water is the easiest and most economical fluid to keep you hydrated, the latest Institute of Medicine recommendation is that women should strive for about two liters or eight glasses a day and men should aim for three liters or 12 glasses a day *of any fluid*, not just water. “No one can figure out where this ‘eight glasses of water’ came from, but I believe it came from the old RDA [recommended daily allowance] for water that matched water requirements to calorie requirements,” notes Georgia Chavent, MS, RD, director of the Nutrition and Dietetics Program at the University of New Haven in West Haven, Conn. “The new requirement from the Institute of Medicine is much more generous and includes recommendations for total beverage consumption, not just water.”

## 2. Drinking water flushes toxins from your body.

**Fact.** Though water doesn’t necessarily neutralize toxins, the kidneys do use water to get rid of certain waste products. If you don’t drink enough water, your kidneys don’t have the amount of fluid they need to do their job properly. “If the body does not have sufficient water, then metabolic wastes will not be removed as efficiently as they should,” explains Amy Hess-Fischl, RD, CDE, of the University of Chicago Kovler Diabetes Center. “In essence, the body would be holding in toxins instead of expelling them, as is required for proper health.”

## 3. Bottled water can cause tooth decay

**Myth.** Bottled water in and of itself doesn’t cause the teeth to decay, but it usually doesn’t contain any fluoride, which is added to tap water to help prevent tooth decay. “Fluoride is an important element in the mineralization of bone and teeth,” says Constance Brown-Riggs, RD, CDE, author of *The African American Guide To Living Well With Diabetes* and a nutritionist and certified diabetes educator in New York City. “With the increased consumption of bottled water, which is not fluoridated, there has been an increase in dental caries [cavities].”

## 4. Drinking water can help keep your skin moist.

**Myth.** While it used to be believed that staying properly hydrated led to youthful, vibrant skin, the reality is that the amount of water you drink probably has very little to do with what your skin looks like. “Unless the individual is severely dehydrated, drinking large quantities of water will not prevent dry skin,” Hess-Fischl says. “Basically, the moisture level of skin is not determined by internal factors. Instead, external factors such as skin cleansing, the environment, the number of oil glands, and the functioning of these oil-producing glands determine how dry the skin is or will become. The water that is consumed internally will not reach the epidermis [the top layer of the skin].”

## 5. Drinking water helps you lose weight.

**Fact.** Drinking water won’t specifically trigger weight loss, but it can aid in the process. Water replaces other calorie-laden beverages in the diet, causing you to reduce your overall number of calories. Plus, it can make you feel fuller, so you may eat less at each meal. Water, particularly cold water, may even play a role in increasing your metabolism. “A new study seems to indicate that drinking water actually speeds up weight loss,” says Tanya Zuckerbrot, MS, RD, owner of Tanya Zuckerbrot Nutrition, LLC, in New York City. “Researchers in Germany found that subjects of the study increased their metabolic rates [or the rate at which calories are burned] by 30 percent after drinking approximately 17 ounces of water.”



## Celebrating Ostomy Awareness Day

By Ann Favreau, Past President UOA  
UOAA Update November 2014

On October 4, 2014, UOAA encouraged people with an ostomy or continent diversion, as well as Wound Ostomy Continence Nurses, to celebrate Ostomy Awareness Day. Affiliated support groups planned activities to bring attention to the fact that people with a stoma or continent diversion can lead a productive life. Although one day a year is set aside for these events, **The Phoenix** magazine has been carrying on this mission since 1963, first as the **Ostomy Quarterly**, or *OQ*, and now with its present title. It is interesting that when the United Ostomy Association (UOA), the forerunner of UOAA, had its constituting convention in Cleveland, Ohio, in 1962, the organizers identified the need for a national publication. Remember, these were the days before the Internet, email, and instant communication. UOA dues, which included a subscription to the **Ostomy Quarterly**, were 75 cents.

I first became acquainted with the magazine as a new ostomate in 1988. The Ostomy Association of Greater Springfield, MA, had copies to borrow, and I soon had my own subscription. I had confidence in the information that I read because it was written by credible sources. Over the years, I have submitted articles. In leadership roles, I worked with others to proofread the content; wrote about our strategic plans, fund raising, and advocacy issues; and from 2000-2002, delivered the President's Messages.

*Live, Learn, Share* was the theme of this year's Ostomy Awareness Day. Think about the stories we have read in **The Phoenix** written by ordinary people, some of whom have done extraordinary things after surgery. They chronicled their road from pain, disease, and compromised days through decision making and acceptance of an altered and much better life. We have read about building self-esteem, new relationships, challenges overcome, and joy. New readers and those of us who have had long-term subscriptions are always inspired by these shared stories. They bolster our lives by knowing that others who have walked in our shoes are thriving.

The magazine has helped us learn and cope with problems that may arise. The articles written by doctors educate us about surgical techniques in a language that we can understand. Physicians and Wound Ostomy Continence Nurses answer questions posed by concerned readers. Nutritionists provide dietary information. Books are reviewed that give us additional resources to peruse. New products are featured in ads and articles. Yes, the publication has facilitated learning.

We live in a world in which we have to be advocates for our own well-being and understand global issues. **The Phoenix** relates the work of UOAA in addressing bias, stigma, and advocacy for ostomates in terms of supply reimbursement, travel, and access to bathroom facilities. The magazine focuses on the UOAA national convention and regional meetings, where ostomates can interact with one another and hear outstanding speakers. Articles explain the work of the Friends of Ostomates Worldwide-USA, which collects unused ostomy supplies and sends them to individuals and facilities that distribute them to those in need. **The Phoenix** communicates the establishment of ostomy groups around the globe by the International Ostomy Association. Readers from small towns and big cities in the United States and online subscribers from around the world benefit from the diverse content. Yes, **The Phoenix** illustrates how those who have had bowel or bladder diversions can Live, Learn, and Share. It celebrates ostomy awareness in every issue and has carried out this mission for over 50 years.

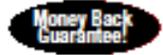
# Get Ostomy Answers!

**Providing Solutions.** *The Phoenix* magazine, the official publication of the UOAA, provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Published March, June, Sept. and December.

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**Payable to:** The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690



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**OSTOMY ASSOCIATION OF SOUTHERN NEW JERSEY**

Membership in the Ostomy Association of Southern New Jersey is open to all persons interested in ostomy rehabilitation. Membership dues are only **\$10.00 per year.**

**PLEASE PRINT THIS INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

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To help us complete our records, please answer the following:

Please check if you have/are:

- |                                    |                                              |                                                       |
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| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Continent Ileostomy | <input type="checkbox"/> Other: _____                 |
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Date(s) of Ostomy Surgery: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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